

CLAIMS ONLY						Application Number <i>10/645773</i>	Filing Date	
						Applicant(s)		
* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	<i>2</i>							
Total Depend	<i>10</i>							
Total Claims	<i>12</i>							